Handicapped Service Personnel

1720. SHRI SHANKER SINH VAGHELA: Will the Minister of DEFENCE be pleased to state:

(a) whether it is a fact that the service personnel on becoming handicapped during the period of annual leave are dealt with differently than those who become handicapped during the period of their casual leave and are thus debarred from the various benefits;

(b) why such handicapped personnel are not considered from active ranks to substantive rank; and

(c) if not, whether Government propose to reconsider such cases and bring both types of cases at par?

THE MINISTER OF STATE IN THE DEPARTMENT OF DEFENCE PRODUCTION AND SUPPLIES IN THE MINISTRY OF DEFENCE (SHRI CHINTAMANI PANIGRAHI): (a) to (c) The grant of disability pensionary benefits depends on whether the handicap/disability has been suffered by the Service personnel on duty and is attributable to or aggravated by service conditions. No distinction is drawn between casual leave and annual leave for this purpose.

Low medical category Service personnel are considered for the grant of substantive rank on the basis of the recommendations of the medical authorities. As per the existing orders substantive rank upto Major is given without taking into account the medical status of the officer. However, for grant of substantive rank of Lt. Col. and above, the medical status is taken into account, as per the laid down instructions.

Mysterious illness spreading in Chhota Nagpur district, Bihar

1721. SHRI ASHWANI KUMAR: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government's attention has been drawn to the news item which appeared in the 'Hindustan' of 14th April, 1989 regarding mysterious illness spreading in different Adivasi populated districts of Chhota Nagpur, Bihar;

(b) if so, since when this illness has spreading, and what are its causes and cure;

(c) the number of persons affected/died due to this illness; and

(d) what steps Government are taking to stop its further spread and cure of those already affected?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (KUMARI SAROJ KHAPARDE): (a) to (c) Expert team from the National Institute of Communicable Diseases had visited the affected districts of Bihar and investigated the reported outbreak. The team diagnosed the outbreak as due to Niesseria meningitis serogroup A. The admitted cases are being treated with anti-biotic like penicillin and Chloramphenicol.

From January, 1989 to 28th April, 1989, 493 with 263 deaths have been reported from the affected districts of Singhbhum, Gumla, Ranchi and Sahabgani, in Bihar.

(d) The control measures for Meningococcal meningitis consist of the following:—

—early reportng of cases by paramedical health personnel so that all suspected cases are treated in hospitals.

—constituting medical teams to visit the affected areas to detect and diagnose cases;

—treatment of patients by providing suitable drugs *viz.*, crystalline Benzyl Penicillin and Chloramphenicol;

—Vaccination of medical and paramedical pesronnel who attend patients and casualty departments;

—providing protection to persons who may come into contact with patients by giving them Sulphadiazine.